

**NORTH CAROLINA BOARD OF NURSING
REGULAR BOARD MEETING**

**January 30, 2015
MINUTES**

Time and Place of Meeting	A regular meeting of the North Carolina Board of Nursing was held at the North Carolina Board of Nursing office in Raleigh, North Carolina on January 30, 2015. Meeting convened at 9:00 a.m.
Presiding	Martha Ann Harrell, Public Member
Members Present	Pat Campbell, Public Member Maggie Conklin, Public Member Cheryl Duke, RN Deborah Herring, RN Jennifer Kaylor, RN Sharon Moore, RN Jackie Ring, RN Peggy Walters, RN Christina Weaver, RN Carol Wilson, LPN
Members Absent	Mary Jones, LPN Bobby Lowery, RN Bob Newsom, LPN
Staff Present	Julia George, RN, Executive Director Anna Choi, General Counsel Linda Burhans, Associate Executive Director – Education/Practice Brenda McDougal, Associate Executive Director - Operations Gayle Bellamy, Director of Finance Angela Ellis, Manager, Executive Office
Ethics Awareness and Conflict of Interest	Ethics Awareness and Conflict of Interest Statement was read. No conflicts were identified.
Consent Agenda	The Consent Agenda be approved as presented. MOTION: That the Consent Agenda be approved as presented. Weaver/Passed.
Consent Agenda	The following items were accepted/approved by the adoption of the Consent Agenda: <ul style="list-style-type: none">• Minutes of September 26, 2014 (Board Meeting)• Minutes of September 25, 2014 (Administrative Hearing)• Minutes of December 4, 2014 (Administrative Hearing)• Board Governance Committee<ul style="list-style-type: none">(a) Summary of Activities

- (b) 2014 Board Assessment Action Plan Final Report (FYI)
- Executive Director
 - (a) Ratification of Mail Referendum for 21 NCAC 36 .0228, .0317, .0318 and .0323
 - (b) NCSBN Transition to Practice Study: Implications for Boards of Nursing (FYI)
 - (c) 2014-2017 Strategic Plan (FYI)
- Education and Practice Committee
 - (a) Education Program Activity (Attachment A)
- Licensure Review Panels
 - (a) Licensure Review Panel Report (Attachment B)
- Hearing Committee
 - (a) Settlement Cases (Attachment C)
- Report on Non-Hearing Discipline, Investigation/Monitoring, Practice Matters (Attachment D)
 - (a) Administrative Actions on Non-Hearing Disciplinary Activities
 - (b) Administrative Actions on Non-Hearing Compliance Matters
 - (c) Administrative Actions on Non-Hearing Practice Matters
- JointSub Committee
 - (a) Ratification of JSC Panel Actions
 - (b) NP Compliance Review
- Drug Monitoring Programs
 - (a) Program Statistics
- Meetings/Conferences/Liaison Activities:
 - (a) NCSBN International Nurse Regulator Collaborative
 - (b) NCSBN NCLEX Conference
 - (c) NCNA Annual Conference
 - (d) Citizen Advocacy Center (CAC)
 - (e) Federation of Associations of Regulatory Boards (FARB)
 - (f) NC Emergency Medical Services Advisory Council
 - (g) National League of Nursing (NLN) Education Summit
 - (h) Pavillon Treatment Center Lunch and Learn Series

Meeting Agenda

The Meeting Agenda be adopted as presented.

MOTION: That the Meeting Agenda be adopted as presented.
Conklin/Passed.

Open Comment Period

The following individuals addressed the Board during Open Comment Period:

Paul Rusk: Requested Board consider his request to qualify as a LPN in the 2015 Election

Marsha McKenna: Requested Board reconsider recommendation that physicians performing procedures under moderate sedation have the ability to intubate the patient if needed, stating it was unlikely procedural physicians would possess and maintain this competency.

-
- Finance Committee
- Received and reviewed Summary of Activities to include 1st Quarter Financials and review of investments as presented by Joe Bryan with Wells Fargo Advisors
 - Received and reviewed Audit Report for year ending June 30, 2014 as presented by Sandy P. Newell, CPA, Bernard Robinson & Company, LLP. Result of the audit was an unqualified opinion as to the fairness, in all material respects, of the reporting of the financial position of the Board of Nursing in conformity with accounting principles generally accepted in the USA. There were no management letter comments from the auditors.
MOTION: That the Board accept the Audit report as presented.
Committee Recommendation/Passed
 - Received and reviewed proposed revisions to Fiscal Policy F12 (Attachment E) to implement controls and procedures to assure goods and services are purchased at competitive market prices.
MOTION: That the Board approve revisions to Fiscal Policy F-12 as presented.
Committee Recommendation/Passed.
- Board Governance
- Received and reviewed proposed Board Assessment Action Plan for 2015 (Attachment F).
MOTION: That the Board approve proposed Board Assessment Action Plan for 2015 as presented.
Committee Recommendation/Passed.
 - Received and reviewed proposed revisions/changes to Committee Profiles (Attachment G).
MOTION: That the Board approve proposed revisions/changes to Committee Profiles as presented.
Committee Recommendation/Passed.
- Executive Director
- Received updates as follows:
- Provided update regarding NCSBN activities to include last year of term as Treasurer and retirement of current CEO, Kathy Apple.
 - Provided update on proposed amendments to the Nurse Licensure Compact Agreement and NCSBN Financial Impact Task Force
 - Provided update related to staff activities to include presentation at the Citizen Advocacy Center (CAC) Annual meeting. In addition, recognized Linda Burhans, Kathleen Privette and Steve Kiefer for publication in the *Journal of Nursing Regulation*.
 - Provided an update related to the Program Evaluation Division (PED) final report to include possible reporting requirements, potential appointment of an oversight Commission and consideration of collection of revenue from all Occupational Licensing Boards.
 - Provided update regarding consideration of possible legislation for modernization of the Nursing Practice Act.
 - Received and reviewed 2014 Strategic Plan Roadmap Year End Report.
 - Received and reviewed proposed 2015 Strategic Plan Roadmap
MOTION: That the Board approve the 2015 Strategic Plan Roadmap as presented

Herring/Passed.

Education &
Practice

- Received and reviewed summary of activities from the Education and Practice Committee.
- Received and reviewed proposed new Position Statement for Procedural Sedation/Analgesia and proposed revisions for Rapid Sequence Intubation (Attachment H).
MOTION: That the Board approve the new Position Statement for Procedural Sedation/Analgesia and proposed revisions for Rapid Sequence Intubation.
Committee Recommendation/Passed.
- Received and reviewed Education Consultant's report regarding ECPI University, Raleigh – ADN along with results of 2014 End of Year NCLEX Pass Rates and 3-year average. Linda LaBanca, RN, MSN, Director of Nursing appeared on behalf of the University.
MOTION: That ECPI University, Raleigh – ADN be granted initial approval for an Associate in Applied Science in Nursing program and approval for maximum total enrollment for 90 students to begin August, 2015.
Motion Failed.
- Received and reviewed Education Consultant's report regarding Lees-McRae College, Banner Elk – BSN. Laura Fero, PhD, RN, Director of Nursing appeared on behalf of the College.
MOTION: Lees-McRae College be granted initial approval for a Bachelor of Science in Nursing program and approval for maximum total enrollment for 120 students to begin May 2015.
Conklin/Passed.
- Received and reviewed Education Consultant's report regarding South College, Asheville – BSN along with results of 2014 End of Year NCLEX Pass Rates and 3-year average. Ronnie Metcalf, EdD, RN-BC, ONC, Chair, Department of Nursing appeared on behalf of the College.
MOTION: South College be granted initial approval for a Bachelor of Science in Nursing program and approval for maximum total enrollment for 75 students to begin January 2017.
Motion Failed
- Received and reviewed Education Consultant's report regarding ECPI University, Charlotte – ADN along with results of 2014 End of Year NCLEX Pass Rates and 3-year average. Monica Pfeiffer, RN, MSN, Program Director appeared on behalf of the University. No action was taken.
- Received and reviewed Education Consultant's report regarding Fayetteville State University, Fayetteville – BSN. Judith Mann, MSN, RN, EdD, CNE. Assistant Department Chair representing Afua Arhin, RN, PhD, Department Chair appeared on behalf of the University.
MOTION: The BSN program at Fayetteville University, Fayetteville, NC be found in compliance with Law and Rules, removed from Initial Approval status, assigned Full Approval Status, and be resurveyed in eight years.

Weaver/Passed.

- Received and reviewed request for 2015 Committee Charge to complete the study of the scopes and roles of the RN and LPN in Palliative Sedation.

MOTION: That the Board approve the 2015 Committee Charge to complete the study of the scopes and roles of the RN and LPN in Palliative Sedation.

Committee Recommendation/Passed.

- Received and reviewed request for 2015 Committee Charge to review and recommend revisions to the NCBON Education Rules in 21 NCAC 36 .0300 – Approval of Nursing Programs.

MOTION: That the Board approve the 2015 Committee Charge to review and recommend revisions to the NCBON Education Rules in 21 NCAC 36 .0300 – Approval of Nursing Programs.

Committee Recommendation/Passed.

- Received and reviewed 2014 End of Year NCLEX Pass Rates (Attachment I).
- Received and reviewed report on NC A&T State University's traditional Bachelor of Science in Nursing (BSN) program's pattern of non-compliance in meeting the North Carolina Board of Nursing's NCLEX Pass Rate Standard.

MOTION: That the Board change Program Status to a Public Warning based on pattern of non-compliance with NCBON Education Program NCLEX Standard. Key points of the nursing education program's improvement plan will be posted with the Public Warning. Board Staff will conduct a focused review of the program.

Campbell/Passed.

Executive Session	MOTION:	11:30 am Executive Session for discussion of legal matters. Moore/Passed
Open Session	MOTION:	11:45 pm Open Session Weaver/Passed
Adjournment	MOTION:	11:45 pm Meeting be adjourned. Wilson/Passed.

Minutes respectfully submitted by:

2/12/15
Date Submitted



Angela Ellis, Manager, Executive Office

5/28/15
Date Approved



Julia L. George, RN, MSN, FRE
Executive Director

ATTACHMENT A

Ratification of Full Approval Status:

- Cape Fear Community College, Wilmington – ADN
- Cape Fear Community College, Wilmington – PN
- Mayland Community College, Spruce Pine – ADN
- Surry Community College, Dobson – ADN
- Surry Community College, Dobson – PN

Notification of Alternate Scheduling Options:

- Sampson Community College, Clinton – ADN - LPN to RN Option, effective Fall 2015

FYI Accreditation Decisions by CCNE:

- East Carolina University, Greenville – BSN – Continuing

FYI Accreditation Decisions by ACEN:

- North Carolina A&T State University, Greensboro – BSN – Continuing
- Wingate University, Wingate – BSN – Initial

FYI Substantive Changes – ACEN:

Rowan-Cabarrus Community College, Kannapolis - discontinuing the LPN to RN option beginning Spring 2015

ATTACHMENT B

The Licensure Review Panel met on September 11, 2014 and submits the following report regarding actions taken:

- Reviewed three (3) candidates for reinstatement
- **Brande Collins Johnson (Perry), RN# 197992:** Must sign Chemical Dependency Discipline Program (CDDP) Contract I and comply with conditions, to include participation in AA/NA and Aftercare. Required to successfully complete Refresher Course; upon successful completion of Refresher Course and approval by Re-entry and Reinstatement Committee (R&R), licensee will sign CDDP Contract II. **ACCEPTED**
 - **Sherry Ann Little (McManus), LPN# 45814:** License will be reinstated and issued a Probationary License for six (6) months with standard 1-9 conditions; shall continue to submit to random drug screens; shall continue to remain alcohol/drug free; continue to submit healthcare provider medication reports when prescription medications are ordered or refilled. **ACCEPTED**
 - **Monica Renee Mosby, RN# 252145:** License will be reinstated and issued a Probationary License for six (6) with standard 1-9 conditions; shall continue to submit to random drug screens; shall continue to remain alcohol/drug free; continue to submit healthcare provider medication reports when prescription medications are ordered or refilled. **ACCEPTED**
- Reviewed one (1) candidate request to extend time to complete probationary conditions
- **Elizabeth Gilliam Brooks, RN# 104842:** Request will be granted to extend time to complete probationary conditions. Licensee issued a Probationary License for twelve (12) months with standard 1-9 conditions. **ACCEPTED**

The Licensure Review Panel met on October 9, 2014 and submits the following report regarding actions taken:

- Reviewed three (3) candidates for reinstatement
- **April Marie Bass, RN# 209088:** License will be reinstated with conditions; issued a Probationary License with 12 months; standard 1-9 conditions; work for six (6) months under direction of on-site RN; not work more than twelve (12) hours per 24-hour period; not work for staffing agency/home health agency/private duty/home hospice for six (6) months; submit quarterly reports from probation officer; random drug screening; remain alcohol/drug free; submit healthcare provider medication reports; submit statement when over-the-counter taken. **ACCEPTED**
 - **Doris Krehel Bembridge, RN# 52393:** License will be reinstated without conditions. **ACCEPTED**
 - **Tina Marie Loher, RN# 182388:** License will not be reinstated. Licensee must complete a Board approved RN Refresher Course;

upon successful completion of course, must appear before LRP and present letter from provider of course attesting to her fitness to re-enter nursing. **ACCEPTED**

Reviewed one (1) candidate request to extend time to complete probationary conditions

- **Constance Davis Saafir, RN# 55089:** Licensee may return to licensed practice without restrictions. **ACCEPTED**

Reviewed one (1) candidate for endorsement

- **Wendy Marie Sneed, RN Endorsement Applicant:** Applicant will be issued a license by endorsement into North Carolina and entered into the Board's Chemical Dependency Discipline Program (CDDP). **ACCEPTED**

The Licensure Review Panel met on November 13, 2014 and submits the following report regarding actions taken:

Reviewed three (3) candidates for reinstatement

- **Genna Hilbrich Vega, RN# 108524:** License will be reinstated and licensee will be offered participation with the Alternative Program (AP). **ACCEPTED**
- **Vincent John Szwarc, RN# 163248:** License will be reinstated and licensee will be offered participation with the Chemical Dependency Discipline Program (CDDP). **ACCEPTED**
- **Heather Persinger Waters, RN# 122842:** Prior to consideration for reinstatement, licensee must present a copy of records from in-patient rehabilitation stay. If no diagnosis of Substance Use Disorder (Chemical Dependency), may be allowed to enter the Intervention Program (IP). If diagnosis of Substance Use Disorder (Chemical Dependency), must re-appear before the Licensure Review Panel (LRP) for a determination of eligibility for reinstatement. **ACCEPTED**

Reviewed one (1) candidate for endorsement

- **Delores Richardson, Endorsement Applicant:** Upon successful completion of Legal Scope of Practice course, may be endorsed into North Carolina as a Registered Nurse. Once endorsed, licensee will be issued a Letter of Concern (this is to be a non-disciplinary action). **ACCEPTED**

ATTACHMENT C

The Hearing Committee met on October 30, 2014 and reviewed the following Settlement Cases:

- Reviewed 2 candidates for Settlement
- **Sherry C. Floyd, RN** - license shall be suspended for six (6) months. The suspension will be stayed on the condition the Licensee successfully complies with the following conditions: Probationary License for twelve (12) months and submit proof of successful completion (copies of Certificate of Completion) for the Ethical/Legal Decision Making Course and Professional Documentation: Safe, Effective and Legal Course within ninety (90) days. **ACCEPTED**
 - **Paige Houser, RN, NP** – issued Letter of Concern. **ACCEPTED**

ATTACHMENT D**TOOK THE FOLLOWING ACTIONS REGARDING NON-HEARING ACTIVITIES
BY THE ADOPTION OF THE CONSENT AGENDA**Ratified Absolutions as follows:

Vonetta Buie, LPN (Roseboro)
Teresa L. Cain, RN (Lillington)
Deborah L. Hall, LPN (Stedman)
Renee L. White, RN (Wake Forest)

Ratified the Issuance of Reprimands as follows:

Marla Jernigan Baker, RN (Windsor) – documentation errors; failure to maintain an accurate medical record
Virginia Faith Benton, Compact RN SC (Tabor City) – neglect; sleeping on duty
Denice Faye Cummings, RN (Owosso, MI) – neglect; failure to make home visits
Melinda Olsen Huskins, RN (Carthage) – exceeding scope
William Michael Miller, RN (Hertford) – fraud; false claims
Ruth Ann Olp, RN (Hickory) – fraud; falsification of Application Seeking Licensure
Donna E. Paul, RN (Mount Airy) – documentation errors; falsification of medical records
Lee Summer Phillips, Compact RN VA (Norfolk, VA) – action in another jurisdiction
Yolanda Faye Robinson, LPN (Raleigh) – neglect; sleeping on duty
Phyllis Arlene Saleh, LPN (Elizabeth City) – neglect; failure to perform prescribed treatments
Patti Colleen Scott, RN (Elizabeth City) – fraud; falsification of application seeking licensure
Jacqueline Kay Tebben, RN (Whitsett) – failure to follow NP regulations; failure to maintain minimum standards
Michael Lamar Thomas, RN (Fayetteville) – court conviction; criminal charges- convictions-nolo contendere plea
Cynthia Morton Toney, RN (Waxhaw) – action in another jurisdiction

Ratified the Issue of Reprimand with Conditions as follows:

Jay Lynne Bryant-Jacobs, RN (Maxton) – failure to maintain licensure; practicing without a license
Tina Fine Byerly, RN (Denton) – neglect; failure to make home visits
Robbin Genae Clark-Scott, RN (Huntersville) = failure to maintain licensure; practicing without a license
Paula Rae Dulin, LPN (Denver) – delegating inappropriately professional responsibilities to unlicensed
Rosalyn Ealine Gorman, RN (Huntersville) – failure to maintain licensure; practicing without a license
Kimberly Ruth Harvey, RN (Hendersonville) – action in another jurisdiction
Lesa Marie Hoffman, LPN (Cary) – failure to maintain licensure; practicing without a license
Celeste Fluellen Jones, LPN (Fayetteville) – documentation errors; falsification of medical records
Laura Massey, RN (Salisbury) – abandonment, neglect
Jadon Allen Morgan, RN (Greenville) – action in another jurisdiction
Erin Elaine Peckham, RN (Statesville) – exceeding scope
Joy Blanton Pridgen, LPN (Fayetteville) – failure to maintain accurate medical record; falsification of medical records
Jacqueline Ann Quirk, RN (Chapel Hill) – failure to maintain licensure; practicing without a license
Kaylyn Inman Siegmund, RN (Hendersonville) – neglect; failure to assess/evaluate
Sylvia Danielle Womack, RN (Yanceyville) – documentation errors; failure to maintain an accurate medical record
Patsy Hilliard Wray, RN (Lexington) – unsafe practice; failure to maintain minimum standards

Ratified Issuance of Probation with conditions as follows:

Kimberly K. Ansley, RN (Greenville) – impaired on duty
Cindy Jane Baker, RN (Roanoke Rapids) – fraud; exploiting pt for financial gain
Tammy Lynn Glasby, RN (Granite Falls) – documentation errors; falsification of medical records
April Marie Macheck, LPN (Brevard) – documentation errors; falsification of medical records

Ratified Probation with Drug Screening:

Nicholas Joseph Jack, RN (Goldsboro) – documentation errors; discrepancies in documentation of controlled substances

Katherine Wade Williams, RN (Zebulon) – unsafe praction; failure to maintain an accurate medical record

Ratified Suspension of Probationary License as follows:CDDP:

Deanie Michelle Bradley, LPN (Littleton) – positive screen

Jennifer Aldrich Brown, RN (Jefferson) = requested to withdraw

Jane Ann Bower Coe, RN (Boone) – failed to drug screen twice in 2 months

Elizabeth Nicole Coombs, RN (Fuquay Varina) – positive screen

Charles Eugene Giordano, LPN (Wilmington) – stopped checking in for screening

Laurie Ben Grimes, RN (Goldsboro) – requested to withdraw

Karen Elizabeth Hamrick, RN (Salisbury) – positive drug screen – alcohol

Margaret Reiss Malave, RN (Pleasant Garden) – requested to withdraw

Tosha Renee Shore, RN (Winston-Salem) – requested to withdraw

Patrick Carroll Smith, Jr., RN (Apex) – requested to withdraw

Illicit Drug and Alcohol/Intervention Program:

Pamela Ann Evans, LPN (Burlington) – positive screen

Sarah Mollenhauer, LPN (Wilson) – positive screen

Laurie Rae Reigada, RN (Denver) – positive screen

Probationary License – Drug Screening:

Kay Taylor Conway, LPN (Williamston) – stopped drug screening

Jacqueline Marie Hildreth, RN (Greensboro) – requested to withdraw

Shannon Callahan Huffman, RN (Hope Mills) – stopped calling for screening

Steven Todd Lester, RN (Hayesville) – requested to withdraw

Ratified CDDP Reinstatements as follows:

Deanie Michelle Bradley, LPN (Littleton)

Angela Ray Bunton, RN (Hamptonville)

Mark Russell Coleman, RN (Clayton)

Debra Lynn Dameron, RN (Charlotte)

Jason Douglas Griffin, RN (Charlotte)

Keshia Joy McCrary, RN (Concord)

Kathleen Dorothy Mooney, RN (Greensboro)

Brian Ignacio Roa, RN (Reno, NV)

Tarneshia Lashay Womack, RN (Blanch)

Accepted the Voluntary Surrender as follows:

Julie Ann Anholt, RN (Raleigh) – diversion of drugs; controlled substances

Barbra Jean Bostic, RN (Gastonia) – impaired on duty; drugs

Karen Joy Brooks, RN (Raleigh) – positive drug screen

Kim Tesh Cates, RN (Charlotte) – impaired on duty; alcohol

Beth Hayduk Diaz, RN (Cary) – positive drug screen

Sandra York Gantt, RN (Olin) – diversion of drugs; prscription forgery/fraud

Lisa Lynn Garza, LPN (Yadkinville) – impaired on duty; alcohol

Tammy Lynn Glasby, RN (Granite Falls) – violating conditions imposed by the Board

Jason Phillip Lackey, RN (Winston Salem) – violating conditions imposed by the Board

Kim Teresa Macnish, RN (Hendersonville) – unsafe practice; failure to maintain minimum standards

Stacey Sumner Marshall, RN (Winston Salem) – diversion of drugs; prescription forgery

Jamie Elizabeth Phillips, LPN (Greensboro) – diversion of drugs prescription forgery

Angel Christina Scott, RN (Laurinburg) – diversion of drugs; controlled substances

Ashley Lee Smith, RN (Roanoke Rapids) – positive drug screen

Wesley Allen Stout, LPN (Hiddenite) – diversion of drugs; controlled substances

Ratified acceptance of Voluntary Surrender for failure to comply with Alternative Program as follows:

Logan Holt Barber, RN (Durham) – submission of forged forms, working outside of 1 year employment conditions, received criminal charge for attempting to obtain prescription by fraud/forgery, 29 drug screens failed upon review of forged prescription forms

Allison Elizabeth Boley, RN (Raleigh) – positive drug screen; failed to report relapse

Cameron Coe Boyd, RN (Asheville) – failed to comply with LRP Order and meet AP entry requirements

Nicole E. Diamond-Teague, RN (Wilmington) – failed to comply with entry into the AP

Shaunika Laquida Glover, RN (Raleigh) – positive screens; failed to report relapse

Sudie Graham Graves, LPN (Fayetteville) – failed to comply with drug screening

Holly Hill Jett, RN (Kinston) – positive screen

Wendy Ailene Jones, RN (Greenville) – requested to withdraw

Meredith Martin Lipscomb, RN (Hickory) – failed to drug screen when selected; failed to follow prescription identification policy and submission of forged prescription identification forms

Timothy Allen Ramsey, Jr., RN (Asheboro) – failure to screen when selected

Jimmie Lou Uptegraff, RN (Charlotte) – requested to withdraw

Ratified Suspension as follows:

Rosalyn Angela Attoh, RN (Raleigh) – impaired on duty; alcohol

Diandria Janay Beam, LPN (Gastonia) – violating conditions imposed by the Board

Dennis Carroll Bowman, RN (Casar) – fraud; misrepresented credentials

Nancy Elizabeth Burkett, RN (Winston-Salem) – child support noncompliance

Sarrah Humphreys Cahoon, RN (Roanoke Rapids) – violating conditions imposed by the Board

Glynis Outlaw Campfield, RN (Warsaw) – impaired on duty

Lisa Leahon Collins, RN (Monroe) – inappropriate interaction with client (abuse)

Christie Prevatte Cummings, RN (Hamlet) – violating conditions imposed by the Board

Julie Rhodes Fraessdorf, RN (Jacksonville) – diversion of drugs; prescription forgery/fraud.

Joanne Christine Gedraitis, RN (Akron, OH) – violating conditions imposed by the Board

Melanie May Gray, RN (Whitsett) – violating conditions imposed by the Board

April Renee Leonard, RN (Wake Forest) – diversion of drugs; prescription forgery/fraud

Carol Ann McCants, LPN (Sanford) – violating conditions imposed by the Board

Mary Helen Monroe, RN (Franklinton) – exceeding scope; failure to administer prescribed medications

Kaye Louise Rigsbee, RN (Wilmington) – diversion of drugs; controlled substances

Susan Ann Rodgers, LPN (Battleboro) – neglect; sleeping on duty

Melanie R. Slate, RN (Lenoir) – violating conditions imposed by the Board

Carol A. Smith, Compact LPN SC (Conway, SC) – neglect; failure to assess/evaluate

Andrea Rebecca Wiggins, RN (Raleigh) – diversion of drugs; prescription forgery/fraud

Ratified Suspension with Stay & Conditions as follows:

Shirley Gordon Veilleux, RN (Greenville) – unsafe practice; medication/treatment/care errors

Ratified Completion of Probation as follows:

Damon Arrington, RN (Fayetteville)

Sheri Borgeson, RN (Leland)

Veda Zambelli Carter, LPN (Kinston)

Wanda Denise Foushee, RN (Fayetteville)

Marilyn Henry, RN (Chapel Hill)

Wendy Brackett Hodge, RN (Cherryville)

Tiffany Jackson, RN (Shelby)

Belinda Jones, RN (Durham)

Kristy Oxendine, RN (Lumberton)

Constance Saafir, RN (Durham)

ATTACHMENT E

POLICY NUMBER: F-12

AREA: Fiscal

AUTHORITY: 90-171.27

TOPIC: Purchase of goods and services

PURPOSE: To purchase reasonably priced, high-quality goods and services while preserving organizational, financial and public accountability.

DATE APPROVED: January 23, 2009

DATE REVIEWED: April 2011

Policy Statement/Procedure:

We are delegated the fiscal responsibility to carry out the mandate of the Board by funding all activities using fees collected by the Board. One of the basic principles of purchasing using public funds is to elicit competition by seeking multiple quotes/bids whenever possible. Purchasers of products and services must always seek the **best value** before expending Board funds. To that end the Board will purchase products and services based on sound competitive purchasing procedures assuring that high quality goods and services are purchased at a reasonable price. When making a single purchase of a product and service in excess of ~~\$1,000~~ \$2,000, price comparisons are required. Where competitive pricing is not sought, the reason must be documented and attached to the check request.

Informal price comparisons (bids) and quotes

It will be the practice that the purchaser will, whenever possible, obtain at least 3 price comparisons for single purchases in excess of ~~\$1,000~~ \$2,000.

Consideration should always be given to the purchasing power of the State of North Carolina. Purchases from any state government agency or from any supplier offering state government pricing are exempt from the price comparison process.

Price is not the sole consideration in the price comparison process. Consideration of many factors, such as terms and conditions, delivery schedules and lead times, types and degrees of service required, transportation and delivery costs, warranties and guarantees is given in addition to the lowest responsive and responsible price. The purchaser's responsibility is to evaluate all the factors to determine the lowest responsive and responsible offer.

Formal bids

For purchases greater than \$10,000 the purchaser will use a formal bid procedure to obtain competitive bids. Exceptions to this process are made when the expertise of an individual or firm is far more paramount than the lowest responsive and responsible cost.

Emergency Purchases

When an unforeseen event is evident, purchases may be made without initiating the competitive pricing process, however documentation of the pressing need for the product or service should be

attached to the check request. For this purpose an unforeseen event includes, but is not limited to, breakdown of equipment, unanticipated volume of work, delivery delays.

Waiver of bid process

The informal competitive pricing process may be waived when the purchases are made using a supplier from the Preferred Vendor List (*See attached*).

The annual budget adopted by the Board serves as approval for specific purchases and contracts included in the budget. The informal price comparison process may be waived for specific items approved in the budget.

Other circumstances where the process may be waived is 1) where the good or service is available from only one source, 2) where operational compatibility is an overriding consideration and such can be achieved only through a unique source, 3) where a particular product or service is desired for educational or training purposes due to the specialized knowledge, experience and professional qualifications, 4) where price comparison is not available.

Conflict of Interest

The Board is very diligent in its effort to avoid conflict or appearance of conflict of interest. As required by generally accepted accounting principles, all related party transactions must always be identified for disclosure in the auditor's report. An example of a related party transaction is a transaction between the organization and its members, staff, or members of their immediate families.

Preferred Vendor List**State of North Carolina**

Purchasing & Contracts Division
ITS

Supplies

~~Kennedy Office Supplies~~
Kennihan & Associates
Myofficeproducts.com
Anderson Sanitary Maintenance
Carolina Imaging
Carolina Vending

Printing

Carolina Printing Company
Cary Printing
Joseph C. Woodard Printing
Corporate Press
Glover Printing

Furniture & Equipment

STORR Office Environments
Data Performance Company

Travel

Cardinal Travel Service
Enterprise Rent-a-Car

Other

Alternate Access, Inc.
Budget Courier Services, Inc.
CES Mail Communications, Inc.
GL Suite, Inc.
ITS
~~Innovative Software Solutions~~ ThoughtSpan Technology
McKee Design
Phoenix Resources Recycling
Day Meets Night

ATTACHMENT F
CALENDAR YEAR 2015

Note: items highlighted in blue are complete.

Objective	Action Taken	Status/ Completion Date
1. Increase education on key issues and initiatives	Schedule education session for March and Board Retreat for October	<u>March</u> <ul style="list-style-type: none"> • Report from the Program Evaluation Division • Potential legislation for 2015 • Nurse Licensure Compact (NLC) Revision <u>October</u> <ul style="list-style-type: none"> • Drug testing to include security, validity of results, etc. • Media focus on alternative programs for substance use disorder/ our philosophy/ review of mission of our program.
2. Increase participation in orientation and education initiatives	Develop orientation and education resource sites on Board Member SharePoint	
	Identify and develop program for leadership development	
3. Transition Executive Director Performance Evaluation to outside source	Ad Hoc Committee for Executive Director Performance Evaluation to explore transition to outside source with recommendation to full Board.	

ATTACHMENT G

Committee Title: Administrative Hearing

Authority: Chapter 150B, Article 3A – Administrative Procedures Act; G.S. 90-171.37; 21 NCAC 36.0217

Size/Composition/Appointment Frequency of Meetings: A minimum of 8 Board members must be present in order to proceed with an Administrative Hearing. Chair of the Board will act as presiding officer. The committee will meet five (5) times a year.

Duties/Responsibilities: The Chair is responsible for presiding over the Chair hearing and for leading the discussion during closed sessions while deliberating on the outcomes of cases presented.
Board Chair:

Committee: The panel members a) listen attentively; b) review evidence introduced at the Hearing; c) deliberate on the information presented; d) arrive at a fair and objective decision based on evidence presented.

Committee Reporting Requirements: A Final Decision and Order is generated and is sent to the Licensee within 20 business days of the Administrative Hearing.

Staff Support:

Designated Liaison: Discipline Proceedings Manager Director, Legal Department & Staff Attorney/Manager Legal Proceedings

Duties/Responsibilities:

- Develop agenda/calendar. Prepares meeting materials as necessary.
- Plan and implement orientation for presiding officer.
- Plan and implement orientation for panel members prior to their first Administrative Hearing.
- Provide in-service education as needed to ensure process flows; and fair and objective decisions are reached.
- Arrange travel and hotel accommodations as needed for panel members.
- Work with prosecuting attorneys – preparing cases for presentation to panel members.
- Work with Administrative Law Counsel in preparing the Final Decision and Order following the Hearing.

If other individuals participate, identify who and role of each ~~Secretarial~~ Departmental staff – take minutes, prepare materials for panel as appropriate; assist witnesses as needed.

Committee Title: Advisory Committee for Drug Monitoring Programs

Authority: General Statute 90-171.23(b)(13)

Committee Purpose: The Advisory Committee for Drug Monitoring Programs brings experts together to assist the Board in achieving a balance between application of regulatory mandates and implementation of the Board's stated philosophy regarding the disease of chemical dependency.

Size/Composition/Appointment Frequency of Meetings: The Advisory Committee will be composed of the following membership approved by the Board:

- North Carolina Nurses Association (NCNA) Representative
- North Carolina Licensed Practical Nurses' Association (NCLPNA) Representative
- State Bureau of Investigations (SBI) Representative
- Employee Assistance Representative
- Recovering Nurse
- Nurse Employer of Nurses
- Physician, Certified Addictionologist
- Treatment Facility Representative
- Two (2) Board members appointed as-non-voting members for two (2) year term. One (1) member is appointed each year to provide continuity.

Recommendations for individual appointees to the committee will be requested from NCNA, NCLPNA, and the SBI for those designated positions on the Committee. Board staff or the Committee may submit recommendations for other category appointments to the Board.

Each appointment shall be at the pleasure of the Board for a four (4) year term. Members may be re-appointed for one term.

The Committee meets as least annually at the Board office.

Duties/Responsibilities of Chairperson: To be elected by the Advisory Committee for a 2-year term.

Chairperson:

The Chairperson is responsible for:

1. collaborating with the Manager for Drug Monitoring Programs, in setting the agenda for meetings;
2. conducting meetings; and,
3. working with Board Liaison(s) to coordinate presenting recommendations from the Committee to the Board.

Duties/Responsibilities of Committee Members: 1. Provide input and information about current and emerging trends, which might have impact on the management of drug monitoring programs.

2. Review evaluation data and programmatic issues for needed changes and/or revisions to the policies and procedures related to drug monitoring programs.
3. Make recommendations to the Board regarding implementation of policies related to chemical dependency.
4. May participate in the review of readiness to re-enter nursing practice

Committee Reporting Requirements: The Committee makes recommendations to the Board.

Designated Staff Liaison: ~~Manager for Drug Monitoring Programs~~ of Regulatory Compliance

- Duties/Responsibilities:**
1. Compiles data to present to the Committee regarding evaluation of Drug Monitoring Programs;
 2. Identifies issues to be discussed and collects data related to the issues;
 3. Prepares drafts related to any proposed policy changes for the Committee to discuss;
 4. In collaboration with Chairperson, develops agenda for meetings; and,
 5. Informs Board of membership terms and pending vacancies to identify recommendations for appointments/reappointments.

If other staff participate, Identify who and role of each Other staff, including legal counsel, may attend/provide input as needed for Committee's work.

- Procedure for Advisory Committee:**
1. Plans for the next meeting of the Committee will be made prior to adjournment of each meeting.
 2. Advisory meetings will be cancelled/rescheduled if it is determined that less than one-half of the membership can attend.
 3. Minutes of the prior meeting and agenda with supporting materials for the upcoming meeting will be sent to the Advisory Committee members no later than one week before the scheduled meeting.
 4. At the conclusion of the meeting, a determination will be made regarding recommendations, if any, to be presented to the Board.
 5. Committee members will be reimbursed travel expenses.

Committee Title: Board Governance

Authority: NC Board of Nursing

Committee Purpose To provide a monitoring process that reviews and evaluates the Board's adherence and congruence with its mission, values and policies in the conduction of its business affairs; presents reports/recommendations for governance changes to full Board.

Size/Composition/ Frequency of Meetings Vice-Chair of the Board shall serve as Chair of this committee with three other Board members. The three other Board members are appointed consistent with policy B3 Committee Member and Chair Appointments. Committee routinely meets 3 x per year.

Duties/Responsibilities: The Chairperson is responsible for presiding over the meetings. Chair will set agenda in collaboration with staff member, lead discussion and present reports/
Chairperson: recommendations for governance changes to full Board.

- Committee:**
1. Reviews all Board Committee and Ad Hoc Committee Profiles at least every 3 years for any needed changes/recommendations.
 2. Reviews requests for appointment(s) of Ad Hoc Committees with final recommendation to full Board.
 3. Assigns Mentors for new Board members.
 4. Reviews and monitors orientation of ~~new~~ newly elected/appointed Board members as well as Chair/Vice-Chair and Committee Chairs.
 5. Reviews current policies and develops policies/ recommendations for changes needed related to Board governance.
 6. Conducts and reviews outcomes of annual Board Assessment and makes recommendations as needed to the full Board
 7. Develops, implements and monitors annual Board Assessment Plan
 8. Reviews results of debriefings from each Board meeting and identifies needed changes
 9. Reviews results of exit interviews of outgoing Board members and identifies needed changes
 10. Reviews proposed agendas for Board Member Education Sessions, Retreats and the annual Board Member Symposium
 11. Reviews Board Member Education Plan
 12. Reviews updates/changes to the Board Member SharePoint Site

13. Board Chair, Vice Chair and one (1) Board Governance Committee member ~~shall~~serve on the Ad Hoc Committee for the Executive Director Performance Evaluation

Committee Reporting Requirements: The Governance Committee shall report oversight activities and any recommended changes in the Board governance process to full Board as necessary.

Staff Support: Administrative Coordinator

Designated Liaison: Executive Director and Manager, Executive Office

Duties/Responsibilities: Develop agenda for meetings with Chairperson; bring governance items to Committee's attention based on Board discussions at regular meetings, retreats and committees as well as implementation of the Strategic Plan and quality assurance monitoring.

If other staff participate, identify who and role of each Depending on issues at hand, may include General Counsel or other members of Administrative Council

Committee Title: Education and Practice

Authority: North Carolina Board of Nursing

Committee Purpose: To support the work of the Board; review matters related to education and practice; and make recommendations to the Board as charged.

Size/Composition/Appointment Committee composed of five (5) members:

Frequency of Meetings:

- One (1) RN educator
- One (1) LPN educator
- One (1) practice RN
- One (1) LPN
- One (1) member with experience in nursing administration

Meetings will be held at least three (3) times per year at least 3-4 weeks prior to the Board meeting and other times as necessary to carry out committee responsibilities.

Duties/Responsibilities: Reviews the Education and Practice agenda and makes changes in consultation with the staff liaison. Presides at the committee meeting and reports activities of the committee to the Board at each meeting.

Chairperson:

Committee: Make recommendations to the Board regarding nursing education and practice matters. This may include matters related to law, rules, policies, Board statements, and activities within the nursing and healthcare community.

Committee Reporting Requirements: Make recommendations to the full Board regarding nursing education and practice matters.

Staff Support: ~~Practice and Education Coordinators~~ Practice, Regulation, & Education Coordinator

Designated Liaison: Associate Executive Director, Practice, Regulation, and Education.

Duties/Responsibilities: Prepare agenda in consultation with the chair. Coordinate preparation of meeting materials. Prepare committee reports for presentation at Board meetings. Prepare committee/Board action reports as appropriate for the Bulletin.

If other staff participate, identify who and role of each Education and Practice Managers and Consultants gather information and prepare materials for items on the agenda. Participate in committee discussion as needed. ~~Practice and Education Coordinators~~ Practice, Regulation, & Education Coordinator takes minutes

Committee Title: Finance Committee

Authority: NC Board of Nursing and GS 90-171.23

Committee Purpose: The Finance Committee will assist the Board in its fiduciary responsibility to assure that the financial resources are utilized in a reasonable, appropriate and legally accountable manner.

Size/Composition/Frequency of Meetings: The Finance Committee shall consist of four members of the Board and the Executive Director who serves as an ex officio, non-voting member of the Committee.

The Finance Committee meets a minimum of three times per year in advance of the Board's regular business meeting. Additional meetings may occur as the Committee deems necessary.

Duties/Responsibilities: Reviews and approves the agenda and presides over the Finance Committee meeting; assures full discussion on matters before action is taken; presents a summary of

activities and makes recommendations that require board action at board meetings; calls meetings as necessary in addition to the regularly scheduled meetings.

Committee: The Finance Committee is appointed by the Board to assist in fulfilling its fiduciary responsibility as follows:

1. Approves policies relating to financial management;
2. Reviews the annual operating budget as presented by management and makes a recommendation to the Board for approval; Reviews amendments to the operating budget, as appropriate and recommends approval by the Board;
3. Reviews long range projections to evaluate future financial needs. Reviews, analyzes and evaluates assumptions utilized. Makes recommendation for designation of funds for future projects;
4. Advises the Board with respect to making decisions that will have significant fiscal impact.
5. Reviews financial statements at least three times per year to include year to date statement of net assets-position, operating statements statement of revenue and expenditures and relevant financial performance benchmarks. Assesses and reports on the overall financial condition and financial performance of the Board.
6. Establishes investment performance objectives and benchmarks; approves asset allocation strategy within approved guidelines;
7. Meets with investment managers to review investment performance results. Review the performance of investment managers. Recommend the selection/retention/termination of investment managers;
8. Recommend the selection/retention/termination of CPA firm to conduct an independent audit. Meets with CPA firm a minimum of annually; and,
9. Such other duties and responsibilities as may be necessary to ensure efficient monitoring of the finances of the Board.

Committee Reporting Requirements: The Finance Committee presents a summary of activities and makes recommendations that require full Board action at the Board meeting following each Finance Committee meeting.

Staff Support: Manager, Executive Office

Designated Liaison: Finance Director

Duties/Responsibilities: The Finance Director is responsible for developing a proposed agenda for meetings of the Finance Committee in consultation with the Chairperson; distribution of materials for

the Committee's review approximately 1 ½ to 2 weeks prior to the scheduled meeting; reporting all financial transactions; signing and maintaining minutes consistent with the Records Retention Policy.

If other staff participate, identify who and role of each

Director of Finance to manage the fiscal operation of the Board.

The Committee may retain outside counsel or consultants for financial and/or legal advice as it deems appropriate.

Committee Title: Hearing Committee

Authority: G.S. 90-171.23(b)(21); G.S. 90-171.37(a); G.S. 150B-40(b) and Article 3A of the Administrative Procedures Act.

Committee Purpose: The purpose of the Hearing Committee is to:

- a. Receive evidence in certain contested cases and present a recommended decision, which includes Findings of Fact and Conclusions of Law to the Board for a vote on the final action and Order.
- b. The types of contested cases to be considered in this forum include, but may not be limited to:
 - i. Practicing Without a License;
 - ii. Positive drug screens (pre-employment and random);
 - iii. Summary Suspensions;
 - iv. Criminal Convictions;
 - v. Falsification of application seeking licensure/endorsement
 - vi. "Show Cause" Hearings related to:
 - a. Revocation of Temporary Licenses
 - b. Revocation of Multistate Privilege to Practice
 - c. Summary Actions
 - d. Violation of Probationary Conditions
- c. Hear disputed discipline matters in an attempt to reach a final resolution for Settlement.

Size/Composition/Appointment Frequency of Meetings:

The Hearing Committee shall consist of 5 Board Members with 2 designated alternates. The Committee shall be comprised of at least one (1) Registered Nurse, one (1) Licensed Practical Nurse and one (1) Public Member.

Meetings will be scheduled for one day, as needed, in months when regularly scheduled Board Meetings and Board Meetings for the purposes of Administrative Hearings are not held (~~March, June, August, November and~~

~~December~~). Additional meetings may be scheduled as needed.

Duties/Responsibilities: The Chairperson is responsible for presiding over the meeting and consulting with the Administrative Law Counsel as appropriate; leading discussion during deliberations to arrive at recommended decisions reviewing and signing orders and presenting recommended decisions to the Board.

Chairperson:

- Committee:**
- Committee Members and alternates are expected to attend orientation prior to serving on the Committee.
 - Committee Members shall receive evidence in these contested cases, participate in deliberations, and arrive at a recommended decision for disposition of each case. The recommended decision will be presented to the Board within 60 days of appearance before Hearing Committee.
 - In cases of settlement in disputed discipline matters, the Committee has been delegated the authority by the Board to enter into a final decision with the licensee.
 - Seek guidance from the Administrative Law Counsel as appropriate when questions of evidentiary matters arise.
 - Attend in person all Committee meetings.
 - The Hearing Committee may refer any contested or disputed case to the full Board, at their discretion, if the committee feels the ends of justice would be best served by the full Board hearing the case.

Staff Support: ~~Discipline Proceedings Coordinator~~ Manager Legal Proceedings

Designated Liaison: Staff Attorney

- Staff Duties/Responsibilities:**
- Prepare Agenda
 - Record minutes
 - Prepare report of activities for Board
 - Assist in the preparation of the Recommended Decision with Findings of Fact and Conclusions of Law to be reviewed by Administrative Law Counsel and Committee Chair
 - Provide recommended decisions, in writing, to licensees within ten (10) business days of the meeting

Committee Title: Joint Subcommittee

Authority: G.S. 90-171.23 (b) (14) of the Nursing Practice Act and G.S. 90-8.2(a) of Medical Practice Act

Committee Purpose: To discuss issues related to nurse practitioner practice, to seek input and clarification from other organizations or agencies as needed, and to develop rules and regulations as needed for nurse practitioner practice, including determination of fees to accompany an application for approval.

**Size/Composition/
Appointment/Frequency of
Meetings:** By agreement of both Boards, 3 Board of Nursing members, one of whom shall be the APRN member and 3 Medical Board Members. A substitute member may be appointed by the respective Board Chair to fully participate in the absence of a regularly appointed member. Meetings occur ~~4 times~~ twice a year usually in May and November for approximately 2 hours.

**Duties/Responsibilities
Chairperson:** Chairperson is alternated between the Medical Board and the Board of Nursing on an annual basis. The chairperson approves the agenda, conducts the meeting and advises staff regarding committee matters as necessary. Reports activities and recommendations to the full boards as needed.

Committee: After reviewing materials sent out prior to the meeting, the members discuss, get clarification and take action as appropriate. Recommendations go to full boards regarding rules and regulations.

**Committee Reporting
Requirements:** Committee takes needed action on agenda items and makes recommendations to full boards regarding rules and regulation.

Staff Support: ~~Practice Coordinator~~ Administrative Coordinator

Designated Liaison: ~~Manager-Practice~~ Manager, Nursing and Advanced Nursing Practice

**Duties/
Responsibilities:**

- Develops agenda in collaboration with designated staff of Medical Board for approval by the Chair. Prepares meeting materials as necessary.
- Take minutes and prepare materials for committee members as necessary.

**If other staff
participate, identify
who and role of
each** Practice Consultants (NCBN) – Research agenda items as requested, gather data and prepare topics for presentation to committee as directed.

Designated staff member of Medical Board serves as contact person for committee business between meetings and preparing Medical Board materials before meeting.

PROCEDURE FOR COMMITTEE

1. Calendar of meetings for upcoming year available no later than December each calendar year.
2. Packet of materials prepared by appropriate staff are sent to members one (1) week prior to meeting

Committee Title: Licensure Review Panel

Authority: NC Board of Nursing and Chapter 150B-Article 3A of the Administrative Procedures Act; 21 N.C.A.C. 36.0217(I)

Committee Purpose: The purpose of the Licensure Review Panels is to:

- A. issue Orders related to:
 - 1) Petitions for initial licensure by examination or endorsement when there is evidence the Board should consider prior to licensure
 - 2) Petitions for reinstatement following discipline action
 - 3) Petitions for reinstatement following suspension of license for failure to comply with probationary conditions
 - 4) Petitions to extend time for completion on existing Probation License
- B. Review and recommend policies/procedures related to licensure issues for Board review and disposition

**Size/Composition/
Frequency of
Meetings:** Three Panels composed of four Board members. One member of each Panel will be appointed as Chair. Each Panel will meet approximately four (4) times a year on alternating schedules for approximately four (4) days/calendar year. To serve as Chair, the member must have had one year experience as a Board member

**Duties/
Responsibilities
Chairperson:** The Chairperson is responsible for presiding over the meeting; leading discussion during deliberations to arrive at an appropriate Order and reporting contested Orders to the Board

Committee:

- Attend orientation prior to serving on Panel to include alternate members
- Participate in discussion with petitioner
- Participate in deliberations and arrive at Order in the matter.
- Seek guidance from legal counsel should question arise as to appropriateness of questions/comments to petitioners
- The Panel has the authority to issue Orders in discipline and licensure matters brought before the Panel consistent with policies related to:

- 1) issuance of license by examination
- 2) issuance of license by endorsement
- 3) reinstatements

Committee Reporting Requirements: The Panels have been delegated the authority by Board to enter into a final decision with the licensee. The Panel decisions will be reported as final actions to NURSYS and the Board's web site within five (5) business days. All Orders are reported to the Board for ratification. If a decision is not reached by a Panel or the licensee does not accept the Order, the case will be presented to the Board in the appropriate forum

Staff Support: Regulatory Affairs Coordinator

Designated Liaison: Manager, Drug Monitoring Programs and Manager, Regulatory Affairs

- Staff Duties/ Responsibilities:**
- Prepare agenda
 - Prepare summaries and documents needed for review of each agenda item
 - Ensure that materials are presented to the Committee two weeks before the scheduled meeting
 - Record minutes
 - Provide information as requested during panel meetings
 - Prepare Report of activities for Board
 - Prepare Contested Order(s) Report(s) for Board
 - Plan and implement orientation for new members
 - Recommend as appropriate changes to procedures

- If other staff participate, identify who and role of each:**
- Counsel present to provide legal guidance, answer questions and provide opinions as requested
 - Staff will record minutes and post Panel action on website and NURSYS in five (5) business day

Procedure for Licensure Review Panels:

1. The proposed calendar for the meetings shall be set for the next calendar year no later than the September Board meeting.
2. Three of the four Committee members must be present at each meeting. Members from other Panels may be utilized in order to have a quorum.
3. A packet of information will be sent to the Panel members which will include the agenda; summary on each case to be reviewed; and, possible questions for Committee members to consider.
4. The packet will be received two weeks before the scheduled meeting.
5. Panel will interview licensee.
6. All staff will be excused during deliberations except Legal Counsel and Board Staff Attorney
7. The Chairperson will inform Staff Liaison of the Order and the rationale to be included in the Board report regarding the Order.

8. After deliberation, the Panel will notify the petitioners of the Orders. If the Panel Chair is unable to notify the petitioner, staff will notify the petitioner.

Committee Title: Medication Aide Advisory Committee

Authority: G.S. 90-171.23 (b)(13)

Primary Responsibilities of Committee: To provide periodic review and advice to the Board regarding the certification of faculty who teach the medication aides and updating the medication aide curriculum and or faculty curriculum as needed.

Size/Composition/ Appointment Frequency of Meetings: There will be fourteen (14) members appointed by the Board from a recommended list provided by the Associate Director, Continuing Competence and Organizational Development and Education

- Two (2) actively teaching medication aides – one of which must be a Medication Aide Master Teacher and one of which must be from the North Carolina Community College System (NCCCS)
- Two (2) clinical supervisors of medication aides
- Two (2) appointees with education and experience in curriculum development – one of which must come from the AHEC system
- Two (2) public members
- Two (2) appointees from NC DHHS – one of which must come from DHSR Medication Aide Registry section
- Two (2) Medication Aide Chief Educators
- One (1) appointee from NCCCS
- One (1) at large appointee

Members will be appointed for three (3) years with staggered terms in order to maintain a core number with knowledge of the committee's work.

One (1) Board member appointed as a non-voting member of the committee and one (1) Board member designated as alternate. Reports committee activities and recommendations to the Board

The committee will meet at least one (1) time per year and a second time only as needed.

Duties/Responsibilities of Chairperson: Selected from the members by the members of the appointed advisory committee every two years. Assist with establishing and approving agenda, and conduct the meeting.

Duties/Responsibilities of Committee Members: Recommend to the Board any changes in the faculty certification process, and any changes in the faculty or medication aide curriculum. These recommendations will

include pertinent background information along with the pros and cons of the issues addressed.

Committee Reporting Requirements: Reports directly to the Board

Staff Support: Practice or Education Coordinator

Designated Liaison: Associate Director, Continuing Competence and Organizational Development ~~and Education~~

If other staff participate, identify who and role of each

- Consultants will prepare materials presented to the committee members and provide input as appropriate on issues under discussion.
- Practice or Education Coordinator will take and maintain minutes.

**DRAFT – NEW POSITION STATEMENT
PROCEDURAL SEDATION/ANALGESIA
NCBON Position Statement for RN Practice**

Issue: Administration of sedative, analgesic, and anesthetic pharmacological agents, for the purpose of Moderate or Deep Procedural Sedation/Analgesia, to non-intubated clients undergoing therapeutic, diagnostic, and surgical procedures, is within the non-anesthetist Registered Nurse (RN) scope of practice.

Administration of pharmacologic agents for Moderate and/or Deep Procedural Sedation/Analgesia by an RN (who is not a licensed/certified anesthesia provider) **requires all of the following:**

- Policies and procedures of employing agency authorize RN-administered Moderate and/or Deep Procedural Sedation/Analgesia;
- The RN possesses specific knowledge and validated competencies as described in this Position Statement;
- The RN responsible for sedation/analgesia administration and monitoring of a client receiving moderate or deep sedation/analgesia does NOT assume other responsibilities which would leave the client unattended, thereby jeopardizing the safety of the client;
- The Physician, CRNA, NP, or PA ordering RN-administered Moderate Procedural Sedation/Analgesia is physically present in the procedure area and immediately available during the time moderate procedural sedation/analgesia is administered; and,
- The Physician, CRNA, NP, or PA ordering RN-administered Deep Procedural Sedation/Analgesia is physically present at the bedside throughout the time deep sedation/analgesia is administered.

The intended level of sedation/analgesia may quickly change to a deeper level due to the unique characteristics of the pharmacological agents used, as well as the physical status and drug sensitivities of the individual client. The administration of these pharmacologic agents requires ongoing assessment and monitoring of the client and the ability to respond immediately to deviations from the norm.

Given the level of independent assessment, decision-making, and evaluation required for safe care, nursing care of these clients exceeds Licensed Practical Nurse (LPN) scope of practice.

Exclusions from NCBON Procedural Sedation/Analgesia Position Statement:

1. Advanced Practice Registered Nurse - Certified Registered Nurse Anesthetists (APRN-CRNAs) are professional anesthesia providers qualified by education, certification, licensure, registration, and experience to administer anesthesia and all levels of procedural sedation. CRNA scope of practice exceeds and is not limited by the constraints of this Position Statement.

Administration of general anesthesia, including the use of inhalation anesthetics, is limited solely to anesthesia providers, including CRNAs. (Note: Nitrous oxide, used as a procedural sedative/analgesic agent, is the **ONLY** agent that can be administered by non-anesthetist RNs via the inhalation route.)

2. Administration of sedation/analgesia for the purpose of intubation, including Rapid-Sequence Intubation (RSI), is within RN scope of practice with specific education, competence, and policies and procedures as detailed in the NCBON RSI Position Statement available at www.ncbon.com.
3. Administration of medications for moderate to deep sedation/analgesia of already-intubated, critically ill clients is within RN scope of practice and is not limited by the constraints of this Position Statement.

ATTACHMENT H

4. The following are within scope of practice for both RNs and LPNs and are not limited by the constraints of this Position Statement:

- Administration of Analgesia for pain control without sedatives,
- Administration of Minimal Sedation/Analgesia (Anxiolysis),
- Administration of Topical/Local Anesthesia, and,
- Administration of Sedation/Analgesia solely for the purpose of managing altered mental status.

Definitions:

American Society of Anesthesiologists (ASA) Physical Status Classification –

- a. Class I – normally healthy client
- b. Class II – client with mild systemic disease
- c. Class III – client with severe systemic disease
- d. Class IV – client with severe systemic disease that is constant threat to life
- e. Class V – a moribund client who is not expected to survive 24 hours with or without the procedure.

Anesthetic Agents – medications that, when administered, cause partial or complete loss of sensation, with or without loss of consciousness

Computer-assisted personalized sedation/analgesia devices - integrated drug infusion pump and physiological client monitoring system that administers medication (i.e., propofol) intravenously for initiation and maintenance of minimal to moderate procedural sedation/analgesia. The device continually monitors client physiological parameters and responsiveness, detects signs associated with over-sedation/analgesia, and adjusts the medication delivery rate to limit the depth of sedation/analgesia.

Deep Sedation/Analgesia – drug-induced depression of consciousness during which clients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The client's ability to independently maintain ventilatory function may be impaired. Clients may require assistance to maintain a patent airway and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained.

General Anesthesia – drug-induced loss of consciousness during which clients are not arousable, even by painful stimulation. The client's ability to independently maintain ventilatory function is often impaired. Clients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired.

Immediately available – present on site in the unit of care and not otherwise engaged in any other uninterrupted procedure or task.

Minimal Sedation/Analgesia (Anxiolysis) – drug-induced state during which clients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected. Administration of medications appropriate for this purpose include benzodiazepines and opioids, but not anesthesia agents, and is within the scope of practice for both RNs and LPNs.

Moderate (Conscious) Sedation/Analgesia – drug-induced depression of consciousness during which the client responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required for the client to maintain a patent airway and adequate spontaneous ventilation. Cardiovascular function is usually maintained.

Monitored Anesthesia Care (MAC) – anesthesia care that includes the monitoring of the client by a practitioner who is qualified to administer anesthesia. Indications for MAC depend on the nature of the procedure, the client's clinical condition, and/or the potential need to convert to a general or regional anesthetic.

ATTACHMENT H

Procedural Sedation/Analgesia – technique of administering sedatives or dissociative agents, with or without analgesics, to induce a state that allows the client to tolerate unpleasant procedures while maintaining cardiovascular and respiratory function.

Rapid-Sequence Intubation (RSI) – airway management technique in which potent sedative or induction agent is administered simultaneously with a paralyzing dose of a neuromuscular blocking agent to facilitate rapid tracheal intubation. The technique includes specific protection against aspiration of gastric contents, provides excellent access to the airway for intubation, and permits pharmacologic control of adverse responses to illness, injury, and the intubation itself.

(For details see NCBON RSI Position Statement at www.ncbon.com.)

Regional Anesthesia – delivery of anesthetic medication at a specific level of the spinal cord and/or to peripheral nerves, including epidurals and spinals and other central neuraxial nerve blocks, is used when loss of consciousness is not desired but sufficient analgesia and loss of voluntary and involuntary movement is required.

Rescue Capacity – requires the competency to manage a compromised airway, provide adequate oxygenation and ventilation, and administer emergency medications and/or reversal agents to clients whose level of sedation becomes deeper than intended.

Sedating Agent – medication that produces calmness, relaxation, reduced anxiety, and sleepiness when administered.

Topical or Local Anesthesia – application or injection of a medication or combination of medications to stop or prevent a painful sensation to a circumscribed area of the body where a painful procedure is to be performed. There are generally no systemic effects of these medications, which are also not anesthesia, despite the name.

RN Education and Competency Requirements for Procedural Sedation/Analgesia:

Education, training, experience, and validation of initial and ongoing competencies appropriate to RN responsibilities, procedures performed, and the client/population must be documented and maintained. (Note: Employing agency determines frequency with which ongoing competencies are re-validated.)

A. The RN administering moderate and/or deep procedural sedation/analgesia must possess in-depth knowledge of and validated competency to apply the following in practice:

1. Anatomy & physiology, including principles of oxygen delivery, transport and uptake, cardiac dysrhythmia recognition and interventions, and complications related to moderate and deep procedural sedation/analgesia;
2. Pharmacology of sedation, analgesia, and anesthetic agent(s) administered singly or in combination, including appropriate administration routes, drug actions, drug interactions, side effects, contraindications, reversal agents (as applicable), and untoward effects;
3. Airway management skills required to rescue a patient from sedation/analgesia level deeper than intended and to manage a compromised airway or hypoventilation (i.e., establish an open airway, head-tilt, chin lift, use of bag-valve mask, and oral and nasal airways); and,
4. Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) certification including dysrhythmia recognition, cardioversion/defibrillation, and emergency resuscitation appropriate to the status of the client/population.

B. In addition, the RN administering moderate and/or deep procedural sedation/analgesia must possess validated practice competencies needed to:

5. Assess total client care needs before and during the administration of moderate or deep procedural sedation/analgesia and throughout the recovery phase, including implementing nursing care strategies appropriate to the client's ASA Physical Status Classification as determined by Physician, CRNA, Nurse Practitioner (NP), or Physician's Assistant (PA);

ATTACHMENT H

6. Perform appropriate physiologic measurements and evaluation of respiratory rate; oxygen saturation; carbon dioxide level; blood pressure; cardiac rate and rhythm; and level of consciousness;
7. Assess, identify, and differentiate the levels of sedation/analgesia and provide monitoring appropriate to the client's desired and actual level of sedation/analgesia;
8. Identify and implement appropriate nursing interventions in the event of sedation/analgesia complications, untoward outcomes, and emergencies; and,
9. Assess sedation/analgesia recovery including the use of a standardized discharge scoring system.

Agency Responsibilities in Procedural Sedation/Analgesia:

Based on client care needs, facility regulations, accreditation requirements, applicable standards, personnel, equipment, and other resources, each employing agency determines IF the administration of moderate and/or deep procedural sedation/analgesia by non-anesthetist RNs is authorized in their setting. If administration of moderate and/or deep procedural sedation/analgesia by non-anesthetist RNs IS permitted, the Director of Nursing or lead RN in the employing agency, in collaboration with anesthesia providers and other appropriate agency personnel, is responsible for assuring that written policies and procedures, including but not limited to the following, are in place to address:

1. Credentialing requirements for non-anesthesiologist Physicians, NPs, and PAs approved to perform moderate and/or deep procedural sedation/analgesia;
2. Required documentation of initial and ongoing RN education and competency validation in the manner and at the frequency specified by agency policy;
3. Physician, CRNA, NP, or PA (not the non-anesthetist RN) responsibility for pre-procedure assessment of the client, including assessment and determination of ASA Physical Status Classification score;
4. Number and qualifications of personnel to be present in the room during RN administration of moderate and/or deep procedural sedation/analgesia and requirement that designated personnel are competent to rescue the client should the airway or hemodynamic status be compromised;
5. Requirement that the Physician, CRNA, NP, or PA ordering RN-administered moderate procedural sedation/analgesia be physically present in the procedure area and immediately available during the time moderate procedural sedation/analgesia is administered in order to respond and implement emergency protocols in the event level of sedation deepens or another emergency occurs;
6. Requirement that the Physician, CRNA, NP, or PA ordering RN-administered deep procedural sedation/analgesia be physically present at the bedside throughout the time deep sedation/analgesia is administered in order to respond in the event of an emergency;
7. Requirement that the RN responsible for sedation/analgesia administration and monitoring of a client receiving moderate or deep sedation/analgesia will NOT assume other responsibilities which would leave the client unattended, thereby jeopardizing the safety of the client;
8. Specification of nursing care responsibilities for client assessment, monitoring, medication administration, potential complications, and documentation during moderate and/or deep procedural sedation/analgesia;
9. Specification of medications approved to be ordered and administered by RNs for moderate and/or deep procedural sedation/analgesia, including dosage limits as appropriate;
10. Specification of emergency protocol(s) including immediate on-site availability of resuscitative equipment, medications, and personnel; and
11. Requirement that age and size-appropriate procedural equipment, emergency resuscitation equipment, and medications, as well as personnel qualified to provide necessary emergency measures, such as intubation and airway management, be readily available during moderate and/or deep procedural sedation/analgesia.
Age and size-appropriate equipment includes, but is not limited to:
 - blood pressure cuff and stethoscope
 - oxygen and suction devices
 - positive pressure ventilation equipment
 - basic and advanced airway management devices
 - cardiac monitor and defibrillator
 - pulse oximetry and capnography
 - intravenous administration devices & fluids
 - medications including sedatives, analgesics, reversal agents for opioids or benzodiazepines, and resuscitation drugs

Note: RNs retain responsibility and accountability for direct client assessment, intervention, and evaluation throughout the administration of moderate or deep procedural sedation/analgesia. Mechanical monitoring and medication administration devices (e.g., cardiac monitors, infusion pumps, and computer-assisted

ATTACHMENT H

personalized sedation/analgesia devices) do not replace, but rather support, the RN's assessment and evaluation of client status.

Note: Pulse oximetry measures oxygenation, not ventilation. In the presence of supplemental oxygen, arterial oxygen desaturation as measured by pulse oximetry may represent a delayed sign of hypoventilation. For this reason, monitoring pulse oximetry is not a substitute for direct observation of patient ventilatory function. Capnography may be able to detect hypoventilation before pulse oximetry indicates oxygen desaturation and has been shown to be a more sensitive gauge of hypoventilation than visual observation.

RN Role in Moderate and Deep Procedural Sedation/Analgesia:

1. The administration and monitoring of sedating and anesthetic agents to produce moderate or deep procedural sedation/analgesia for non-intubated adult and pediatric clients undergoing therapeutic, diagnostic, or surgical procedures is within the non-anesthetist RN scope of practice.
2. The RN must be educationally prepared; clinically competent; permitted to administer moderate and/or deep procedural sedation/analgesia by agency written policies and procedures; and not prohibited from doing so by facility-focused laws, rules, standards, and policies.
3. A qualified anesthesia provider (anesthesiologist or CRNA) or appropriately credentialed attending physician, NP, or PA must assess client, determine ASA Physical Status Classification, select, and order the sedative/anesthetic agents to be administered; intended level of sedation/analgesia must be clearly communicated.
4. The RN is accountable for ensuring that moderate and/or deep procedural sedation/analgesia orders implemented are consistent with the current standards of practice and agency policies and procedures.
5. The RN accepts the assignment to administer ordered moderate or deep procedural sedation/analgesia only if competent and the practice setting has provided the age and size-appropriate equipment, medications, personnel, and related resources needed to assure client safety.
6. The RN administers moderate procedural sedation/analgesia to adult and pediatric clients only if a Physician, CRNA, NP, or PA credentialed by the facility in moderate procedural sedation/analgesia, and competent in intubation and airway management, is physically present in the procedure area and immediately available in order to respond and implement emergency protocols in the event level of sedation deepens or another emergency occurs.
7. The RN administers deep procedural sedation/analgesia to adult and pediatric clients only if a Physician, CRNA, NP, or PA credentialed by the facility in deep procedural sedation/analgesia, and competent in intubation and airway management, is present at the bedside in order to respond to any emergency.
8. The RN role in moderate and deep procedural sedation/analgesia is dedicated to the continuous and uninterrupted monitoring of the client's physiologic parameters and administration of medications ordered.
9. The administration of all medications via any appropriate route (including Nitrous Oxide via inhalation) for the purpose of moderate or deep procedural sedation/analgesia is within RN scope of practice. Medications, including *Etomidate, Propofol, Ketamine, Fentanyl, and Midazolam*, administered for moderate and/or deep procedural sedation/analgesia purposes, if ordered by Physician, CRNA, NP, PA, or other credentialed health care practitioner, and allowed by agency policy, is not prohibited provided the appropriate indications and precautions are in place.

ATTACHMENT H

LPN Role in Moderate and Deep Procedural Sedation/Analgesia: Given the level of independent nursing assessment, decision-making, and evaluation required for the safe care and management of clients undergoing therapeutic, diagnostic, and surgical procedures, the administration of sedation/anesthetic agents for the purposes of moderate or deep procedural sedation/analgesia is **beyond** LPN scope of practice.

RN and LPN Role in Regional Anesthesia:

Regional anesthesia requires anesthetic agent delivery at a specific level of the spinal cord and/or to peripheral nerves, including epidurals, spinals, and other central neuraxial nerve blocks, when loss of consciousness is not desired but sufficient analgesia and loss of voluntary and involuntary movement is required. In these situations the positioning and stabilization of the client receiving regional anesthesia is sometimes challenging and the provider performing the procedure may need mechanical assistance from the nurse (RN or LPN) to attach and/or push the medication syringe plunger while personally maintaining appropriate positioning of the medication delivery device.

In such situations, the nurse may provide the needed manual support by functioning as the “third hand” of the provider. When acting as the provider’s “third hand”, the nurse is **not** accepting responsibility for administration of regional anesthesia, which is **beyond** both RN and LPN scope of practice. Instead, the provider retains full responsibility for the appropriate medication administration and accountability for outcomes.

Note: 1) This “third hand” specification does **not** include the administration of anesthetic agents by the non-anesthetist nurse in any other situation. It is **not** permissible for the RN or LPN to function as the “third hand” of, or to provide only manual support or mechanical assistance to, a provider in the administration of moderate or deep procedural sedation/analgesia. To do so leaves the provider with responsibility for both performing the procedure and monitoring the patient. Moderate and/or deep procedural sedation/analgesia requires careful monitoring by a dedicated person. Therefore, the RN who administers moderate or deep sedation (this is beyond LPN scope of practice) is providing a nursing intervention and retains full accountability and responsibility for his/her actions. The RN functioning in this capacity must meet the Moderate/Deep Procedural Sedation education and competence requirements as delineated in this Position Statement.

2) It is within RN scope of practice to administer ordered **additional or subsequent** medication doses through a pre-established, indwelling epidural/caudal device per provider order. This constitutes RN medication administration for which the RN retains full responsibility and accountability. This is **not** within LPN scope of practice and is **not** considered manual or “third hand” assistance.

References:

21 NCAC 36.0224 (b)(d)(e) - RN Rules

21 NCAC 36.0225 (b)(d)(e) - LPN Rules

American Association of Nurse Anesthetists (AANA) – www.aana.com – Resources section provides specific guidelines for non-anesthetist RN preparation and role in managing patients receiving procedural sedation/analgesia.

American Association of Moderate Sedation Nurses (AAMSN) – www.aamsn.org – Resources section provides information on Certified Sedation Registered Nurses (CSRN).



P.O. BOX 2129
Raleigh, NC 27602
(919) 782-3211
FAX (919) 781-9461
Nurse Aide II Registry (919) 782-7499

**DRAFT – REVISED POSITION STATEMENT
RAPID SEQUENCE INTUBATION (RSI)
Position Statement for RN Practice**

Issue:

Rapid Sequence Intubation (RSI) is defined as an airway management technique in which a potent sedative or anesthetic induction agent is administered simultaneously with a paralyzing dose of a neuromuscular blocking agent to facilitate rapid tracheal intubation. The technique includes specific protection against aspiration of gastric contents, provides excellent access to the airway for intubation, and permits pharmacologic control of adverse responses to illness, injury, and the intubation itself.

Administration of a sedative and/or anesthetic induction agent simultaneously with a paralyzing dose of a neuromuscular blocking agent for the purpose of intubation, including RSI, is **within** the scope of practice of the non-anesthetist Registered Nurse (RN) with specific education, validated competence, and policies and procedures.

Given the level of independent assessment, decision-making, and evaluation required for safe care, the administration of medications for the purposes of RSI is **beyond** LPN scope of practice.

RN Education and Competency Requirements for RSI:

Education, training, experience, and validation of initial and ongoing competencies appropriate to RN responsibilities, procedures performed, and the client/population must be documented and maintained. (Note: Employing agency determines frequency with which ongoing competencies are re-validated.)

A. The RN administering potent sedatives, anesthetic induction agents, and paralyzing doses of neuromuscular blocking agents to facilitate RSI must possess in-depth knowledge of and validated competency to apply the following in practice:

1. Anatomy & physiology, including principles of oxygen delivery, transport and uptake, cardiac dysrhythmia recognition and interventions, and complications related to RSI;
2. Pharmacology of sedation, anesthetic induction, and neuromuscular blocking agent(s), administered singly or in combination, including appropriate administration routes, drug actions, drug interactions, side effects, contraindications, reversal agents (as applicable), and untoward effects;
3. Airway management skills required to manage a compromised airway if RSI is not successful (i.e., establish an open airway, head-tilt, chin lift, use of bag-valve mask, and oral and nasal airways); and,
4. Advanced Cardiac Life Support (ACLS) and/or Pediatric Advanced Life Support (PALS) including competence in dysrhythmia recognition, cardioversion/defibrillation, and emergency resuscitation appropriate to the status of the client/population.

B. In addition, the RN administering potent sedatives, anesthetic induction agents, and paralyzing doses of neuromuscular blocking agents to facilitate RSI must possess validated practice competencies needed to:

5. Assess client care needs before and during the administration of RSI medications;

ATTACHMENT H

6. Perform appropriate physiologic measurements and evaluation of respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and level of consciousness during and following intubation;
7. Identify and implement appropriate nursing interventions in the event of RSI complications, untoward outcomes, and emergencies; and,
8. Assess RSI recovery and implement appropriate nursing care for the intubated client, including administration of continuing moderate or deep sedation/analgesia if ordered by Physician, Nurse Practitioner (NP), or Physician Assistant (PA).

Agency Responsibilities in RSI:

Based on client care needs, facility regulations, accreditation requirements, applicable standards, personnel, equipment, and other resources, each employing agency determines IF medication administration by RNs for purposes of RSI is authorized in their setting. If medication administration for purposes of RSI administration by non-anesthetist RNs IS permitted, the Director of Nursing or lead RN in the employing agency, in collaboration with anesthesia providers and other appropriate agency personnel, is responsible for assuring that written policies and procedures, including but not limited to the following, are in place to address:

1. Credentialing requirements for non-anesthesiologist Physicians, NPs, and PAs approved to perform RSI;
2. Required documentation of initial and ongoing RN education and competency validation in the manner and at the frequency specified by agency policy;
3. Physician, CRNA, NP, or PA (not the non-anesthetist RN) responsibility for pre-RSI assessment of the client;
4. Requirement that the Physician, CRNA, NP, or PA ordering RN-administered RSI be physically present at the bedside throughout the time RSI medications are being administered in order to participate in the intubation and respond in the event of an emergency;
5. Specified sedative or anesthetic induction agents and neuromuscular blocking agents approved to be ordered and administered by RNs for RSI, including dosage limits as appropriate;
6. Specified emergency protocol(s) including immediate on-site availability of resuscitative equipment, medications, and personnel; and
7. Requirement that age and size-appropriate equipment, emergency resuscitation equipment, and medications, be readily available during RSI.

Age and size-appropriate equipment includes, but is not limited to:

- blood pressure cuff and stethoscope
- oxygen and suction devices
- positive pressure ventilation equipment
- basic and advanced airway management devices
- medications including sedatives, analgesics, anesthetic induction agents, neuromuscular blocking agents, reversal agents for opioids or benzodiazepines, and resuscitation drugs
- cardiac monitor and defibrillator
- pulse oximetry and capnography

Note: RNs retain responsibility and accountability for direct client assessment, intervention, and evaluation throughout the administration of medications for RSI. Mechanical monitoring and medication administration devices (e.g., cardiac monitors, oximetry, and infusion pumps) do not replace, but rather support, the RN's assessment and evaluation of client status.

RN Role in RSI:

1. The administration and monitoring of sedative, anesthetic induction, and neuromuscular blocking agents at paralyzing doses to facilitate RSI in adult and pediatric clients, is within the non-anesthetist RN scope of practice.
2. The RN must be educationally prepared; clinically competent; permitted to administer sedation/anesthetic induction/neuromuscular blocking agents at paralyzing doses by agency written policies and procedures; and not prohibited from doing so by facility-focused laws, rules, and policies.

ATTACHMENT H

3. A qualified anesthesia provider (anesthesiologist or CRNA) or appropriately credentialed attending physician, NP, or PA must assess client, select, and order the RSI agents to be administered.
4. The RN is accountable for ensuring that RSI orders implemented are consistent with the current standards of practice and agency policies and procedures.
5. The RN accepts the assignment to administer ordered RSI medications only if competent and the practice setting has provided the age and size-appropriate equipment, medications, personnel, and related resources needed to assure client safety.
6. The RN administers ordered medications and monitors RSI in adult and pediatric clients only if a Physician, CRNA, NP, or PA credentialed by the facility in RSI and competent in intubation and airway management is physically present at the bedside throughout the procedure in order to participate in the intubation and in the response to any emergency.
7. **During pre-hospital and/or inter-facility transport**, in the physical absence of a qualified provider, the RN administers RSI medications at the direction of a Physician, CRNA, NP, PA, or other health care professional credentialed in RSI.
8. **Note:** Emergency Medical Services (EMS) Personnel (i.e., EMT, EMT-I, EMT-P) may be approved to participate in RSI, including performing intubation if appropriately credentialed, but are NOT considered “other health care professional credentialed in RSI and/or emergency airway management and cardiovascular support” capable of ordering or directing administration of RSI medications by an RN.
9. The RN role in RSI is dedicated to the administration of medications ordered and to the continuous and uninterrupted monitoring of the client's physiologic parameters, including the implementation of nursing interventions as indicated by client status.
10. The RN accepting responsibility for administering the medications and monitoring the status of the client during RSI cannot assume other responsibilities such as performing a procedure which would leave the client unattended, thereby jeopardizing the safety of the client. (For example, while endotracheal intubation is within the scope of practice for the RN, a single RN could not be simultaneously responsible for both the medication administration/monitoring activities and the intubation itself.)
11. The administration of sedative/anesthetic induction and neuromuscular blocking agents, if ordered by appropriately credentialed attending physician, NP, or PA and allowed by agency policy for purposes of RSI, via appropriate routes is within RN scope of practice.
12. The RN remains responsible for the assessment of RSI recovery and implementation of appropriate nursing care for the now intubated client. Ongoing care may include the continuing administration of moderate or deep sedation/analgesia if ordered by Physician, NP, or PA.

Note: Administration of medications for moderate to deep sedation/analgesia of already-intubated, critically ill clients is within RN scope of practice without the constraints of this Position Statement.

ATTACHMENT H

LPN Role in RSI: Given the level of independent nursing assessment, decision-making, and evaluation required for the safe care and management of these clients, the administration of potent sedative/anesthetic induction/neuromuscular blocking agents for the purposes of RSI is **beyond** LPN scope of practice.

References:

21 NCAC 36.0224 (b) (d) (e) - LPN Rules

21 NCAC 36.0225 (b) (d) (e) - RN Rules

NCBON Position Statement - Procedural Sedation/Analgesia - www.ncbon.com

Draft

ATTACHMENT I

PERFORMANCE RESULTS FOR NCLEX-PN CANDIDATES TESTED IN NC AND OTHER JURISDICTIONS FOR YEAR 2014 AS OF 01/01/2014 TO 12/31/2014

Program Name	City	All Tested	1st Time Tested	Repeat Tested	Passed						Failed						
					Passed All	Passed All %	Passed 1st Time	Passed 1st Time %	Passed Repeat	Passed Repeat %	Failed All	Failed All %	Failed 1st Time	Failed 1st Time %	Failed Repeat	Failed Repeat %	
Asheville-Buncombe Technical Community College	LPN Diploma	ASHEVILLE	29	19	10	20	69%	16	84%	4	40%	9	31%	3	16%	6	60%
Beaufort County Community College	LPN Diploma	WASHINGTON	21	19	2	17	81%	17	89%	0	0%	4	19%	2	11%	2	100%
Bladen Community College	LPN Diploma	DUBLIN	16	15	1	15	94%	14	93%	1	100%	1	6%	1	7%	0	0%
Brunswick Community College	LPN Diploma	SUPPLY	20	20	0	20	100%	20	100%	0	0%	0	0%	0	0%	0	0%
Cape Fear Community College	LPN Diploma	WILMINGTON	26	26	0	26	100%	26	100%	0	0%	0	0%	0	0%	0	0%
Carteret Community College	LPN Diploma	MOREHEAD CITY	8	6	2	7	88%	6	100%	1	50%	1	13%	0	0%	1	50%
Central Carolina Community College	LPN Diploma	SANFORD	51	46	5	46	90%	41	89%	5	100%	5	10%	5	11%	0	0%
Cleveland Community College	LPN Diploma	SHELBY	16	16	0	16	100%	16	100%	0	0%	0	0%	0	0%	0	0%
Coastal Carolina Community College	LPN Diploma	JACKSONVILLE	18	17	1	17	94%	16	94%	1	100%	1	6%	1	6%	0	0%
College Of The Albemarle	LPN Diploma	ELIZABETH CITY	18	18	0	18	100%	18	100%	0	0%	0	0%	0	0%	0	0%
Craven Community College	LPN Diploma	NEW BERN	18	18	0	16	89%	16	89%	0	0%	2	11%	2	11%	0	0%
Davidson County Community College	LPN Diploma	MOCKSVILLE	19	18	1	18	95%	17	94%	1	100%	1	5%	1	6%	0	0%
Durham Technical Community College	LPN Diploma	DURHAM	19	18	1	18	95%	17	94%	1	100%	1	5%	1	6%	0	0%
ECPI University	LPN Diploma	GREENSBORO	66	55	11	50	76%	45	82%	5	45%	16	24%	10	18%	6	55%
ECPI University	LPN Diploma	CHARLOTTE	53	45	8	47	89%	43	96%	4	50%	6	11%	2	4%	4	50%
ECPI University	LPN Diploma	RALEIGH	106	85	21	73	69%	63	74%	10	48%	33	31%	22	26%	11	52%
Edgecombe Community College	LPN Diploma	TARBORO	11	11	0	11	100%	11	100%	0	0%	0	0%	0	0%	0	0%
Fayetteville Technical Community College	LPN Diploma	FAYETTEVILLE	50	49	1	43	86%	42	86%	1	100%	7	14%	7	14%	0	0%
Forsyth Technical Community College	LPN Diploma	WINSTON SALEM	66	63	3	63	95%	61	97%	2	67%	3	5%	2	3%	1	33%
Gaston College	LPN Diploma	DALLAS	47	46	1	47	100%	46	100%	1	100%	0	0%	0	0%	0	0%
Guilford Technical Community College	LPN Diploma	JAMESTOWN	22	17	5	17	77%	13	76%	4	80%	5	23%	4	24%	1	20%
Halifax Community College	LPN Diploma	WELDON	13	13	0	12	92%	12	92%	0	0%	1	8%	1	8%	0	0%
Isothermal Community College	LPN Diploma	SPINDALE	38	32	6	30	79%	26	81%	4	67%	8	21%	6	19%	2	33%
James Sprunt Community College	LPN Diploma	KENANSVILLE	9	9	0	9	100%	9	100%	0	0%	0	0%	0	0%	0	0%
Lenoir Community College	LPN Diploma	KINSTON	11	11	0	11	100%	11	100%	0	0%	0	0%	0	0%	0	0%
McDowell Technical Community College	LPN Diploma	MARION	40	37	3	37	93%	36	97%	1	33%	3	8%	1	3%	2	67%
Montgomery Community College	LPN Diploma	TROY	43	41	2	41	95%	39	95%	2	100%	2	5%	2	5%	0	0%
Nash Community College	LPN Diploma	ROCKY MOUNT	25	19	6	20	80%	17	89%	3	50%	5	20%	2	11%	3	50%
North Carolina Spec			2	1	1	0	0%	0	0%	0	0%	2	100%	1	100%	1	100%
Richmond Community College	LPN Diploma	HAMLET	16	13	3	10	63%	9	69%	1	33%	6	38%	4	31%	2	67%
Rn Fail-Taking Lpn	LPN Diploma		13	11	2	10	77%	8	73%	2	100%	3	23%	3	27%	0	0%
Robeson Community College	LPN Diploma	LUMBERTON	9	8	1	7	78%	7	88%	0	0%	2	22%	1	13%	1	100%
Rockingham Community College	LPN Diploma	WENTWORTH	30	26	4	24	80%	23	88%	1	25%	6	20%	3	12%	3	75%
Rowan-Cabarrus Community College	LPN Diploma	SALISBURY	11	10	1	11	100%	10	100%	1	100%	0	0%	0	0%	0	0%
Sampson Community College	LPN Diploma	CLINTON	15	15	0	15	100%	15	100%	0	0%	0	0%	0	0%	0	0%
Sandhills Community College	LPN Diploma	PINEHURST	14	13	1	13	93%	13	100%	0	0%	1	7%	0	0%	1	100%
South Piedmont Community College	LPN Diploma	POLKTON	14	13	1	13	93%	13	100%	0	0%	1	7%	0	0%	1	100%
Southeastern Community College	LPN Diploma	WHITEVILLE	27	25	2	24	89%	22	88%	2	100%	3	11%	3	12%	0	0%
Surry Community College	LPN Diploma	DOBSON	16	16	0	16	100%	16	100%	0	0%	0	0%	0	0%	0	0%
Vance-Granville Community College	LPN Diploma	HENDERSON	4	1	3	2	50%	1	100%	1	33%	2	50%	0	0%	2	67%
Wayne Community College	LPN Diploma	GOLDSBORO	13	13	0	13	100%	13	100%	0	0%	0	0%	0	0%	0	0%
Wilson Community College	LPN Diploma	WILSON	18	18	0	18	100%	18	100%	0	0%	0	0%	0	0%	0	0%
SUB-TOTALS			1081	972	109	941	87%	882	91%	59	54%	140	13%	90	9%	50	46%
Out of US Candidates			6	3	3	2	33%	2	67%	0	0%	4	67%	1	33%	3	100%
Out of State Candidates			106	69	37	44	42%	37	54%	7	19%	62	58%	32	46%	30	81%
TOTALS			1193	1044	149	987	83%	921	88%	66	44%	206	17%	123	12%	83	56%

ATTACHMENT I

PERFORMANCE RESULTS FOR NCLEX-RN CANDIDATES TESTED IN NC AND OTHER JURISDICTIONS FOR YEAR 2014 AS OF 01/01/2014 TO 12/31/2014

Program Name	City	All Tested	1st Time Tested	Repeat Tested	Passed						Failed						
					Passed All	Passed All %	Passed 1st Time	Passed 1st Time %	Passed Repeat	Passed Repeat %	Failed All	Failed All %	Failed 1st Time	Failed 1st Time %	Failed Repeat	Failed Repeat %	
Alamance Community College	RN Associate Degree	GRAHAM	73	58	15	53	73%	47	81%	6	40%	20	27%	11	19%	9	60%
Appalachian State University	BSN	BOONE	52	41	11	42	81%	36	88%	6	55%	10	19%	5	12%	5	45%
Asheville-Buncombe Technical Community College	RN Associate Degree	ASHEVILLE	115	84	31	79	69%	67	80%	12	39%	36	31%	17	20%	19	61%
Barton College	BSN	WILSON	71	43	28	38	54%	26	60%	12	43%	33	46%	17	40%	16	57%
Beaufort County Community College	RN Associate Degree	WASHINGTON	49	43	6	43	88%	39	91%	4	67%	6	12%	4	9%	2	33%
Bladen Community College	RN Associate Degree	DUBLIN	14	11	3	11	79%	10	91%	1	33%	3	21%	1	9%	2	67%
Blue Ridge Community College	RN Associate Degree	FLAT ROCK	33	30	3	30	91%	27	90%	3	100%	3	9%	3	10%	0	0%
Brunswick Community College	RN Associate Degree	SUPPLY	20	18	2	18	90%	16	89%	2	100%	2	10%	2	11%	0	0%
Cabarrus College Of Health Sciences	RN Associate Degree	CONCORD	73	70	3	71	97%	69	99%	2	67%	2	3%	1	1%	1	33%
Caldwell Community College and Technical Institute	RN Associate Degree	HUDSON	31	29	2	29	94%	29	100%	0	0%	2	6%	0	0%	2	100%
Cape Fear Community College	RN Associate Degree	WILMINGTON	51	49	2	50	98%	49	100%	1	50%	1	2%	0	0%	1	50%
Carolinas College Of Health Sciences	RN Associate Degree	CHARLOTTE	118	107	11	106	90%	95	89%	11	100%	12	10%	12	11%	0	0%
Carteret Community College	RN Associate Degree	MOREHEAD CITY	18	18	0	18	100%	18	100%	0	0%	0	0%	0	0%	0	0%
Catawba Valley Community College	RN Associate Degree	HICKORY	52	39	13	40	77%	31	79%	9	69%	12	23%	8	21%	4	31%
Central Carolina Community College	RN Associate Degree	SANFORD	24	24	0	24	100%	24	100%	0	0%	0	0%	0	0%	0	0%
Central Piedmont Community College	RN Associate Degree	CHARLOTTE	73	62	11	60	82%	54	87%	6	55%	13	18%	8	13%	5	45%
Coastal Carolina Community College	RN Associate Degree	JACKSONVILLE	38	32	6	33	87%	29	91%	4	67%	5	13%	3	9%	2	33%
College Of The Albemarle	RN Associate Degree	ELIZABETH CITY	23	23	0	23	100%	23	100%	0	0%	0	0%	0	0%	0	0%
Craven Community College	RN Associate Degree	NEW BERN	71	60	11	56	79%	49	82%	7	64%	15	21%	11	18%	4	36%
Davidson County Community College	RN Associate Degree	LEXINGTON	73	59	14	59	81%	50	85%	9	64%	14	19%	9	15%	5	36%
Duke University	BSN	DURHAM	152	147	5	148	97%	143	97%	5	100%	4	3%	4	3%	0	0%
Durham Technical Community College	RN Associate Degree	DURHAM	73	59	14	58	79%	52	88%	6	43%	15	21%	7	12%	8	57%
East Carolina University	BSN	GREENVILLE	247	233	14	235	95%	224	96%	11	79%	12	5%	9	4%	3	21%
ECPI University	RN Associate Degree	CHARLOTTE	18	16	2	6	33%	6	38%	0	0%	12	67%	10	63%	2	100%
Edgecombe Community College	RN Associate Degree	TARBORO	32	27	5	28	88%	26	96%	2	40%	4	13%	1	4%	3	60%
Fayetteville State University	BSN	FAYETTEVILLE	9	4	5	4	44%	4	100%	0	0%	5	56%	0	0%	5	100%
Fayetteville Technical Community College	RN Associate Degree	FAYETTEVILLE	98	74	24	66	67%	55	74%	11	46%	32	33%	19	26%	13	54%
Foothills Nursing Consortium	RN Associate Degree	SPINDALE	65	59	6	56	86%	50	85%	6	100%	9	14%	9	15%	0	0%
Forsyth Technical Community College	RN Associate Degree	WINSTON SALEM	93	87	6	87	94%	82	94%	5	83%	6	6%	5	6%	1	17%
Gardner-Webb University	RN Associate Degree	BOILING SPRINGS	52	44	8	44	85%	41	93%	3	38%	8	15%	3	7%	5	63%
Gardner-Webb University	BSN	BOILING SPRINGS	26	24	2	23	88%	21	88%	2	100%	3	12%	3	13%	0	0%
Gaston College	RN Associate Degree	DALLAS	61	56	5	58	95%	53	95%	5	100%	3	5%	3	5%	0	0%
Guilford Technical Community College	RN Associate Degree	JAMESTOWN	121	84	37	81	67%	66	79%	15	41%	40	33%	18	21%	22	59%
Halifax Community College	RN Associate Degree	WELDON	30	22	8	19	63%	15	68%	4	50%	11	37%	7	32%	4	50%
ITT Technical Institute	RN Associate Degree	HIGH POINT	19	14	5	15	79%	10	71%	5	100%	4	21%	4	29%	0	0%
James Sprunt Community College	RN Associate Degree	KENANSVILLE	21	18	3	18	86%	16	89%	2	67%	3	14%	2	11%	1	33%
Johnston Community College	RN Associate Degree	SMITHFIELD	35	31	4	31	89%	29	94%	2	50%	4	11%	2	6%	2	50%
Lenoir Community College	RN Associate Degree	KINSTON	17	16	1	16	94%	16	100%	0	0%	1	6%	0	0%	1	100%
Lenoir-Rhyne University	BSN	HICKORY	33	32	1	32	97%	31	97%	1	100%	1	3%	1	3%	0	0%
Mayland Community College	RN Associate Degree	SPRUCE PINE	40	33	7	31	78%	28	85%	3	43%	9	23%	5	15%	4	57%
Mercy School Of Nursing	RN Diploma	CHARLOTTE	85	79	6	82	96%	76	96%	6	100%	3	4%	3	4%	0	0%
Methodist University	BSN	FAYETTEVILLE	20	17	3	16	80%	14	82%	2	67%	4	20%	3	18%	1	33%
Mitchell Community College	RN Associate Degree	STATESVILLE	22	22	0	22	100%	22	100%	0	0%	0	0%	0	0%	0	0%
Nash Community College	RN Associate Degree	ROCKY MOUNT	72	57	15	54	75%	48	84%	6	40%	18	25%	9	16%	9	60%
NEWH Nursing Consortium	RN Associate Degree	ROCKY MOUNT	2	0	2	0	0%	0	0%	0	0%	2	100%	0	0%	2	100%
North Carolina A & T State University	BSN	GREENSBORO	56	38	18	36	64%	29	76%	7	39%	20	36%	9	24%	11	61%
North Carolina Central University	BSN	DURHAM	70	58	12	61	87%	52	90%	9	75%	9	13%	6	10%	3	25%

ATTACHMENT I

PERFORMANCE RESULTS FOR NCLEX-RN CANDIDATES TESTED IN NC AND OTHER JURISDICTIONS FOR YEAR 2014 AS OF 01/01/2014 TO 12/31/2014

Program Name	City	All Tested	1st Time Tested	Repeat Tested	Passed						Failed						
					Passed All	Passed All %	Passed 1st Time	Passed 1st Time %	Passed Repeat	Passed Repeat %	Failed All	Failed All %	Failed 1st Time	Failed 1st Time %	Failed Repeat	Failed Repeat %	
Pfeiffer University	BSN	MISENHEIMER	25	15	10	13	52%	10	67%	3	30%	12	48%	5	33%	7	70%
Piedmont Community College	RN Associate Degree	ROXBORO	38	28	10	24	63%	18	64%	6	60%	14	37%	10	36%	4	40%
Pitt Community College	RN Associate Degree	GREENVILLE	96	79	17	80	83%	70	89%	10	59%	16	17%	9	11%	7	41%
Queens University of Charlotte	RN Associate Degree	CHARLOTTE	27	17	10	15	56%	15	88%	0	0%	12	44%	2	12%	10	100%
Queens University of Charlotte	BSN	CHARLOTTE	107	84	23	79	74%	70	83%	9	39%	28	26%	14	17%	14	61%
Randolph Community College	RN Associate Degree	ASHEBORO	39	37	2	36	92%	36	97%	0	0%	3	8%	1	3%	2	100%
Region A Nursing Consortium	RN Associate Degree	CLYDE	89	56	33	54	61%	34	61%	20	61%	35	39%	22	39%	13	39%
Richmond Community College	RN Associate Degree	HAMLET	29	25	4	25	86%	24	96%	1	25%	4	14%	1	4%	3	75%
Roanoke-Chowan Community College	RN Associate Degree	AHOSKIE	24	14	10	11	46%	8	57%	3	30%	13	54%	6	43%	7	70%
Robeson Community College	RN Associate Degree	LUMBERTON	21	18	3	17	81%	15	83%	2	67%	4	19%	3	17%	1	33%
Rockingham Community College	RN Associate Degree	WENTWORTH	30	20	10	22	73%	15	75%	7	70%	8	27%	5	25%	3	30%
Rowan-Cabarrus Community College	RN Associate Degree	SALISBURY	59	48	11	47	80%	40	83%	7	64%	12	20%	8	17%	4	36%
Sampson Community College	RN Associate Degree	CLINTON	34	29	5	28	82%	26	90%	2	40%	6	18%	3	10%	3	60%
Sandhills Community College	RN Associate Degree	PINEHURST	49	45	4	47	96%	44	98%	3	75%	2	4%	1	2%	1	25%
South College	RN Associate Degree	ASHEVILLE	39	24	15	23	59%	15	63%	8	53%	16	41%	9	38%	7	47%
South Piedmont Community College	RN Associate Degree	MONROE	38	30	8	28	74%	25	83%	3	38%	10	26%	5	17%	5	63%
Southeastern Community College	RN Associate Degree	WHITEVILLE	57	41	16	42	74%	30	73%	12	75%	15	26%	11	27%	4	25%
Southwestern Community College	RN Associate Degree	SYLVA	29	20	9	18	62%	15	75%	3	33%	11	38%	5	25%	6	67%
Stanly Community College	RN Associate Degree	Locust	28	27	1	27	96%	27	100%	0	0%	1	4%	0	0%	1	100%
Surry Community College	RN Associate Degree	DOBSON	75	61	14	59	79%	52	85%	7	50%	16	21%	9	15%	7	50%
UNC-Chapel Hill	BSN	CHAPEL HILL	176	169	7	166	94%	161	95%	5	71%	10	6%	8	5%	2	29%
UNC-Charlotte	BSN	CHARLOTTE	110	94	16	95	86%	85	90%	10	63%	15	14%	9	10%	6	38%
UNC-Greensboro	BSN	GREENSBORO	101	86	15	83	82%	75	87%	8	53%	18	18%	11	13%	7	47%
UNC-Pembroke	BSN	PEMBROKE	41	34	7	32	78%	29	85%	3	43%	9	22%	5	15%	4	57%
UNC-Wilmington	BSN	WILMINGTON	109	103	6	103	94%	99	96%	4	67%	6	6%	4	4%	2	33%
Vance-Granville Community College	RN Associate Degree	HENDERSON	63	51	12	52	83%	45	88%	7	58%	11	17%	6	12%	5	42%
Wake Technical Community College	RN Associate Degree	RALEIGH	108	102	6	102	94%	97	95%	5	83%	6	6%	5	5%	1	17%
Watts School Of Nursing	RN Diploma	DURHAM	61	56	5	57	93%	54	96%	3	60%	4	7%	2	4%	2	40%
Wayne Community College	RN Associate Degree	GOLDSBORO	43	35	8	35	81%	30	86%	5	63%	8	19%	5	14%	3	38%
Western Carolina University	BSN	CULLOWHEE	79	78	1	78	99%	78	100%	0	0%	1	1%	0	0%	1	100%
Western Piedmont Community College	RN Associate Degree	MORGANTON	42	33	9	29	69%	25	76%	4	44%	13	31%	8	24%	5	56%
Wilkes Community College	RN Associate Degree	WILKESBORO	33	25	8	25	76%	23	92%	2	25%	8	24%	2	8%	6	75%
Wilson Community College	RN Associate Degree	WILSON	35	32	3	32	91%	30	94%	2	67%	3	9%	2	6%	1	33%
WINGATE UNIVERSITY	BSN	WINGATE	15	11	4	8	53%	5	45%	3	75%	7	47%	6	55%	1	25%
Winston-Salem State University	BSN	WINSTON SALEM	159	123	36	111	70%	103	84%	8	22%	48	30%	20	16%	28	78%
SUB-TOTALS			4749	4001	748	3913	82%	3525	88%	388	52%	836	18%	476	12%	360	48%
Out of US Candidates			140	64	76	50	36%	27	42%	23	30%	90	64%	37	58%	53	70%
Out of State Candidates			645	466	179	374	58%	314	67%	60	34%	271	42%	152	33%	119	66%
TOTALS			5534	4531	1003	4337	78%	3866	85%	471	47%	1197	22%	665	15%	532	53%